The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06917

GERTIFICAT	Reg. Dist. No	1.02
1. PLACE OF DEATH- COUNTY Hardowd MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest toyo) Fallston (unal) HOSPITAL OR INSTITUTION OR	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY CITY (If outside exporate limits, write RURAL and give to OR TOWN STREET (If rural, give location)	Harford nearpotypown)
STREET ADDRESS 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR, OR RACE 7. SINGLE, MARRIED,	Blevins OF DEATH June] S. DATE OF BIRTH 9. AGE last birthday If under 1 y	Day) (Year) 19 5] year [If under 24 hrs
Male white (Specify) Manual 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laum burners WIDOWED, DIVORCED, (Specify) Manual INDUSTRY (may 4 /8 73 78 yrs. Months 12.	CITIZEN OF WHAT
13. FATHER'S NAME LONG U. Blowns 15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	14. MOTHER'S MAIDEN NAME (Inthia Baker) 17. INFORMANT AND ADDRESS Mrs. Minneaun Bleving Fall	1407
Is MEDICAL CI I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Coccur The first stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes \(\text{No } \text{V}
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY While at Not While work At work	(CITY OR TOWN) (COUNTY)	(STATE)
22. I hereby certify that I attended the deceased from alive on 19.1., and that death occurred at SIGNATURE Pegree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	no.m., from the causes and on the date state ADDRESS rest Hill, Maryland. ERY, OR CREMATORY LOCATION (City, town, or county)	ed above. DATE SIGNED une 2, 1957
DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE)	21. FUNERAL DIRECTOR + Harfn	ADDRESS

BUREAU V. S.

2411 N. Charles Street, Baltimore

06018

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY MARYLAND	STATE MCC COUNTY force
CITY (If outside corporate limits, write RURAL, and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give newcest town) (in this place)	OR Y S TE WELL
TOWN JULIAN 1237	
HOSPITAL OR INSTITUTION OR	STREET/ (If rural, give location)
STREET ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) factor andrew	Boke DEATH Jame 7 105%
5. SEX / 6. COLOR OR RACE 7. SINGLE, MARRIED,	8) DATE OF BIRTH () 9. AGE last pirthday If under 1 year If under 24 hrs.
WIDOWED, DIVORCED,	Months Days Hours Min.
(Specify) Weadown	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life even if retired) / INDUSTRY	COUNTRY!
Welting Turnshing muchus Therapor	Milatruce Harfal evil W.S.
13. FATHER'S NAME Form crops	14. MOTHER'S MAIDEN NAME
authory John	Victoria Berber
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Turo Idua Taylor parettalle sud
18. MEDICAL CE	DTI FICATION
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
So Dit -	
Immediate cause (a)	
1701X Landont course (a)	0 -1 5/1 0 1000 -01
Antecedent cause(s) Diseases or conditions, if any, (b)	2 Prostate Bland - 1944-51
giving rise to the above cause	
51 stating the underlying cause last	
(c) Wyerloscus	of gloringer
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	1
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes \ No A
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	(OILLOWIONAL) (OCOULLY (BIALLY)
HOMICIDE INJURY	L MOW DID INVERSE COURS
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
Q2	48 0 > 5
22. I hereby certify that I attended the deceased from.	1978, to June 7, 19, that I last saw the deceased
1 (/7/ 105/ 104) 1044 1044	
alive on	ADDRESS DATE SIGNED
SIGNATURY ()	ADDITION OF THE STONED
J' James Komise X	4)
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (Sity, town, or county) (State)
REMOVAL (Specify)	William to seel I ze a
Detrical / Services	The second second
DATE REC'D BY COCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
18/5/ Makilla Towood	Markon Ken Janellevelle

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

BUREAU V. S.
JUN 14 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly— VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06019

CERTIFICATE OF DEATH

Reg. Dist. No. 182

I. PLACE OF DEATH.	2. USUAL RESIDENCE (ffOME) OF DECEASED. COUNTY	
HARFORD MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR give nearest town NGO (in this place)	TOWN MEDINA	s dealest town/
HOSPITAL OR INSTITUTION OR STREET ADDRESS CONOWINGO DAM	STREET (II rural give location) ADDRESS Route # 5	ν
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
OECEASED (Type or Print) DONALD HAROLD	BURKEY DEATH JUNE	17 1951
5. SEX MAL E 6. COLOR OR RACE WHITE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 2 Jan 1930 9. AGE last birthday If under Months Months	I year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry 10c. Kind of Business or Ind		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ARTHUR J. BURKEY	ELIZABETH BURKEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give was or date of a SN: US52146225	Records Ormy Chemical Coule	7 Tul
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Accidental Drownin	g	***************************************
929 & Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗵 No 🗆
21. ACCIDENT (Specify) SUICIDE HOMICIDE Accident PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY CONOWLINGO Dam	(CITY OR TOWN) (COUNTY)	(STATE) MARYLAND
	CONOWINGO HARFORD	MWLTTWND
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY JUNE 17 1951 7Pm.	While swimming	
22. I hereby certify X at XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXIIIXXXXXIIIXXXXXXXXXXXXXXXXXXXXXXXX	ixXthe deceased X
Anycon XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ADDRESS	ted above. DATE SIGNED
BURIAL, CREMATION DATE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR Me Corner	ADDRESS
James, Toll College	Oling don Maryla	vd 9



PLEASE



2411 N. Charles Street, Baltimore

06020

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH.	11	2. USUAL RESIDENCE (HOME) OF DEC			
COUNTY Harford MarylandmaryL	AND	Mary land	Harford	COUNT	Y	
CITY (If outside corporate limits, write RURAL and LENGTH	OF STAV	CITY (If outside corpor	ate limits, write F	RURAL and giv	ve nearest to	vn)
OR give nearest town) TOWN Havre de Grace ID y	place)	TOWN Havre de				
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Francis Villa		STREET Commerce & Ma	(If rural, g	rive location)		
3. NAME OF (First) (Middle)		(Last)	1 4. DATE	(Month)	(Day)	(Year)
DECEASED	Laura Co	no)	OF DEATH	6/16/51		19
5 SEX 6. COLOR OR RACE 7. SINGLE, MARI	RIED.	8. DATE OF BIRTH	9. AGE last birt	hday If under	1 year If un	der 24 hrs
Female White WIDOWED, DIV	ORCED,	3/14/1870	OT	yrs. Months.	Days Hou	rs Min.
10a. USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work dene during most of work dene duri	SINESS OR	New York	or foreign country)	12	COUNTRY?	F WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
John J. Cope		Ellen T. O'D	ea			
15 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUE	UTY No.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown) (If year, give war or dates of no ne	H	losp. Records,	Havre de C	race, Me	d.	
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS	Lange	Curamo	7/2		19	e w
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	PATION				20. AUTO	PSV1
198. DATE OF OPERATION 188. MASON PRODUCTS						
21. ACCIDENT (Specify) PLACE (Home, farm, fac OF office bldg., etc.) IIOMICIDE INJURY	tory, street,	(CITY OR	TOWN)	(COUNTY)	Yes (STA	No 🗆
TIME (Month) (Day) (Year) (Hour) INJURY OCCURION While at Not W		HOW DID INJURY OC	CUR?			
22. I hereby certify that I attended the deceased from. alive on	urred at f CEMETER Redeeme	m, from the	causes and or City Baltimore	the date st	DATE S	igned
J. J. J. W. J. Suns M	. N . 1	Guma	a Vicin	00	2.09/	

BUREAU V. S.
BUREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	, ,
MARYLAND MARYLAND	177	Mond
OR give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give	ndirest town)
TOWN WWW GURARS	TOWN WILL	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location) ADDRESS	
STREET ADDRESS		
3. NAME OF (First) (Middle), DECEASED (Type or Print)	Respect 4. DATE (Month) OF DEATH TIME T	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATY OF BIRTH 9. AGE last birtbday If under 1 Mrv 2 3 / 1859 9 yrs.	year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working eyon if retired) INDUSTRY	11. BIRTH/LACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME	Sinca Jak 11 7	13
Thomas Dolson	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (Ii yes, give, yer or dates of service)	mus Elm & Ban Jotha	mos
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
		ONSET AND DEATH
Immediate cause (a)(Lieball (St.	monnese	
		1901 77 00 00 00 11 11 17 1900 40 dame 0000 10 1 1 2 20
33/X Antecedent cause(s)		
Diseases or conditions, if any, (b)	014	***********************
83 a stating the underlying cause last	Let a represent the state of the state of	
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		./
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No No
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	, 19, to	w the deceased
alive on 19 and that death occurred at ./	48 P	
alive on 19	ADDRESS and on the date sta	
SIGNATURE) (Degree or title)	ADDRESS	DATE SIGNED
Kashes Sichardons	m. D / sellin, my	6/26/31
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL Specify) Type 16-5 Shew Mon	RY OR CREMATORY LOCATION (City, town, or county	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGG/25/51 Precella Tomord	Joseph J Foster Bell	air mid



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WRITE

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correct

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06022

Reg. Dist. No..... I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) give nearest town) Sharen (in this piece) Baltu 21 TOWN TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR 1620 Doolittle ADDRESS STREET ADDRESS 3. NAME OF (Eirst) (Middie) (Last) 4. DATE (Month) (Day) (Year) DECEASED MOKIES (Type or Print) vore DEATH 1/ANK 1957 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 9. AGE last birthday | If under 1 year | Months | Days 6. COLOR OR RACE 8 DATE OF BIRTH III under 24 hrs. Hours | Min. 10a. USUAL OCCUPATION (Glve kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? 45 Devore abelle J Caldwel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or date of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATE Olmmediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY PLACE (Home, form, factory, street, (CITY OR TOWN) 21. EXTERNAL CAUSE WAS (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OF INJURY Jone 16, 451 425 While at work OCCURRED HOW DID INJURY OCCUR? Not while On trestle + his at work 22. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🔥 Inquiry 🦳 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) DATE SIGNED 23. BURIAL, CREMATION REMOVAL (Specify) REG.

2411 N. Charles Street, Baitimore

06023

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-
Harford MARYLAND	STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give negrest town) TOWN HAUTE de LEVACE (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delcamb Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hosp.	STREET ADDRESS P. (If rural, give location)
3, NAME OF (First) (Middle)	
(Type or Print) Jasekh Frank	Ouder OF (Month) (Day) (Year) OF DEATH 6 8 195)
6. SEX 6. COLOWOR RACE 7. SINGLE, MARRIED. White WIDOWED, DIVORCED, (Specify), 1, 1 dowed	S. DATE OF BIRTH 9. AGE last birthday H under 1 year H under 24 hrs. 3 -23-78 7 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kied of work done during most of working life, even lightered) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jaseph Dudek	Barbara
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of	May Chao Thurdricker Utehney Mil.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
I DISEASES ON CONDITIONS DIMEDING TO DEATH	ONSET AND DEATE
Immediate cause (a) Mucochin	the ardinoscular
42X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	lolare
13/a stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
92 2	. (1) 8 (1
22. I hereby certify that I attended the deceased from May 3	a, 19.21, to June, 19.3.1., that I last saw the deceased
alive on 195/, and that death occurred at	8 55 P m from the severe and on the date stated share
SIGNATURE (Degree or title)	Pm., from the causes and on the date stated above. ADDRESS DATE SIGNED
Jaley Durvey Du D. Han	and Turnorial) Kong. 99un 57
23. BURIAL, GREMATION DATE THEREOF NAME OF CEMEPE	Selection (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	UNERAL DIRECTOR ADDRESS
francis u. a. newsom. S.	Jane or, Hamila Line

BUREAU V. S.

correct age

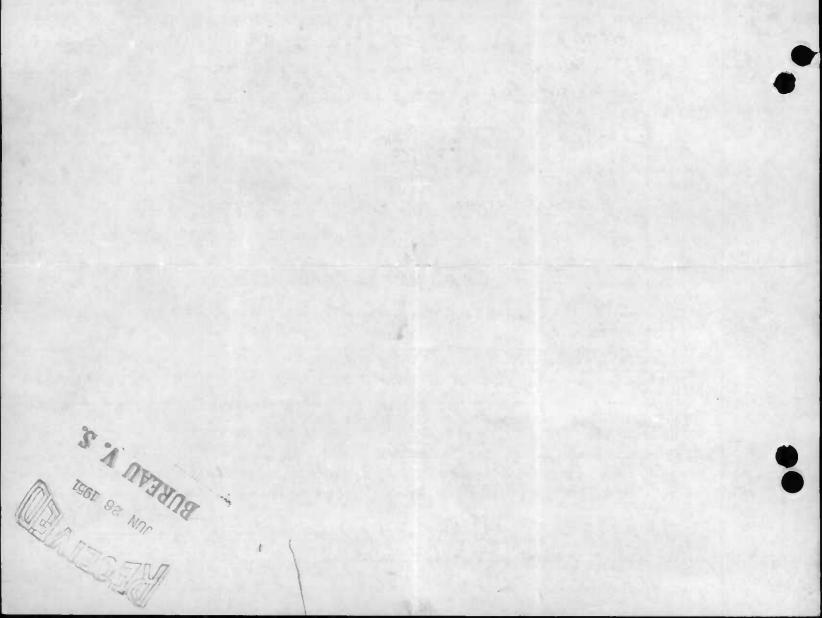
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(16024 Reg. Dist. No. 182

I. PLACE OF DEAT	1		2. USUAL RESIDENCE (I	HOME) OF DECEASED.	TY
CITY (If outside	corporate limits, write RUR	MARYLAND AL and LENGTH OF STAY	CITY (If outside corpora	ate limits, write RURAL and	give nearest town)
OR give neares	corporate limits, write RUR	(in this place)	TOWN Bal	Lypra	
HOSPITAL OR INSTITUTION O STREET ADDRI	P . /	- GING HIML	STREET ADDRESS	(If rural, give location	
3. NAME OF DECEASED (Type or Print)	Clara	(Middle)	FAMOUS	4. DATE (Month) OF DEATH	(Day) (Year) 21 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH	9. AGE last hirthday If und	der I year If under 24 hrs. hs Days Hours Min.
10a. USUAL OCCUI	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT
13. FATHER'S NAI	ME 7.		14. MOTHER'S MAIDEN		
15 Was Dwamagen	EVER IN U.S. ARMED FORCES	? W. SOCIAL SECURITY NO.	Mary Hol		
	(If yes, give war or dates service)			Morgan Bul	WRD2 MJ
		18. MEDICAL CE	ERTIFICATION	July 2000	1
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immedia	te cause (a)	CEREBRAL	EMBELIS	M	200
Diseases or giving rise	enf cause(s) conditions, if any, to the above cause underlying cause last	In Cardio	Sascular	disease	341.
1000	(c)				
Conditions contrib	ICANT CONDITIONS putling to the death but not ase or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU		(CITY OR T	OWN) (COUNT	CY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cer	tify that I attended th	e deceased from Man2	1949 to France	26-19-51 that I last	saw the deceased
0	n ~1	/			
SIGNATURE	ence.200., 195	d that death occurred at (Degree or title)	ADDRESS	causes and on the date	DATE SIGNED
We	clara P.	Audson, M.	D foust 1	till mg	6/21/51 -
23. BURIAL, CREM BEMOVAL (Spe	city) Janu 23	151 Par Kwae	1	Ba) fr More M	unty) (State)
DATE REC'D BY REG. (1/2.	2/31 REGISTRAR'S	Ella Toura	24. FUNERAL DIRECTO	Loster Bela	ADDRESS New (
	1		7	<u> </u>	



The correct age

VS. A15.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06025

CERTIFICATE OF DEATH

Reg. Dist. No.

			# - VAIVA - BROWN - 12 /					
1. PLACE OF DEAT COUNTY	rford		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE VONCO COUNTY					
CYMPY (16 11-	A H IA A DITE	MARYLAND AL and LENGTH OF STAY	Kansas COUNTY					
OR givo neares	t town) Aberdeen	(is this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Witchita					
HOSPITAL OR INSTITUTION O	2151-1 US Arm:	y Hospital	STREET ADDRESS 151 NO		ive location)			
STREET ADDRE	ss Aberdeen Prov	ving Ground	No Total	rth Charle	es St			
3. NAME OF	(First)	(Middle)	(Last)	4. DATE OF	(Month)	(Day) (Y	ear)
DECEASED (Type or Print)	Elmer	L.	Heibert	DEATH	June	2		951
5. SEX	6. COLOR OR RACE	WASONE WARRIED	8. DATE OF BIRTH	9. AGE last birth		r 1 year	If under 2 Hours	4 hrs.
Male	White	(Specify) DIVOICEO	30 April 1929	22	уга.			
done during most of	ATION (Givo kind of work working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)		COUNTI	EN OF W	HAT
Soldier	working life, evon if retired)	US Army	Kansas		1		US	
13. FATHER'S NAM			14. MOTHER'S MAIDEN					
Jacob K. H	leibert	9 1 10 Clares Comment No.	Martha Sara					
(Yes, no or unknown)	EVER IN U.S. ARMED FORCES (If yes, give war or dates of		17. INFORMANT AND					
Yes	service) Current	UIIKIIOWII	Service Reco	ra			-	
		18. MEDICAL CE	RTIFICATION	-		INTE	RVAL BETY	PHEN
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH	11/1	+			T AND DI	
- 1	(2)	Subolul.	& Hema	lomo		2	ome	
Immedia					• • • • • • • • • • • • • • • • • • • •	***** 00 00 00	## 007 6 7 6 6 00 DAMAGO	
825.5 Antecede	nt cause(s)							
Diseases or	conditions, if any, (b)	# # # # # # # # # # # # # # # # # # #	#4 +0 * / + 0 +0 # #++ 1 		PA	00 00 00 00 0		
1700 stating the	underlying cause last							
	(e)					10		
Conditions contrib	ICANT CONDITIONS outing to the death but not							
	ase or condition causing deat	h. FINDINGS OF OPERATION				1 20	AUTOPSY	7.0
191. DATE OF OPE	RATION 190. MAJOR I	INDINGS OF OFERATION						
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	: (CITY OR	POWN)	(COUNT)		(STATE)	0 0
HOWIGHDE	OF INJU	office bldg., etc.) 40			(COUNT)	,	(SIAIE)	
OH .	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC					
INJURYJUN	e 2 1951 m.	Work At work	HUIO MC	cident				
OO I haveler som	tifu that I attended the	e deceased from June	2, 1951, to Jun	e 2105/	hat I last			. 7
			- 50-0					ea
alive on. U.	ne 2, 195/, an	d that death occurred at	m., from the	causes and on	the date s	stated a	bove.	
SIGNATURE	100	(Degree or title)	ADDRESS	Man n	. /	DA	TE SIGN	ED
11/1	A CISO	um back!	4776 (1	7/1) 4	Men	11	751	
23 BURIAL, CREM	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY 1:	LOCATION (City	town, or cou	nty)	State	B)
REMOVAL (Spe	gify) Num 4. 19	5) West Sid	e mortinary	THEATURE	chita	, /	MILLO	Jan .
DATE REC'D BY	LOCAL VREGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	DRY /		AD	DRESS	
REG.	JT REPLY	1 & Willey	MTWWW WK	We con	ran X Si	M		
1	And the second of the second o	1	011	- ///			201	
V			wuga	In ou	1	190	7/6	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH Largor d MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Harford
CITY (If outside corporate limits, white RURAL and LENGTH OF STAY (in this place), TOWN	OR TOWN THE CONTROL OF TOWN	e rearest town)
HOSPITAL ON INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle DECEASED (Type or Print) Thomas Septenson	Tetcher DEATH (Month)	(Day) (Year) 24 10 57
6. COLOR OF RACE (SING) MARRIED, WIDOWED DIVORCED,	May 14,166Z 89 yrs. Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. Kind of Business or come during most of working life, even if retired) INDUSTRY CANCER 1	11. BIXTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME	Mary Ellen Cheasum th	,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	no Pla West
18. MEDICAL CE	RTIFICATION	24.122.71M
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4/ 4-4	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) on gestion	Heart Jailine	4 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	eratic Heart Diseas.	e 9 yrs.
93 a stating the underlying cause last (c) Leveral U	rtiriosclerosio	15 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Type Ty	trophie arthritis	16 grs
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Net-While INJURY m, Work At work	HOW DID INJURY OCCUR!	
22. I hereby certify that I attended the deceased from Fell &	1, 1935, to sume 241957, that I last sa	w the deceased
alive on Luce 23, 1957, and that death occurred at	(/	
SIGNATURE (Degree or title)	ADDRESS & M. A.	DATE SIGNED
	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 6/26/5/ Presella Forwood	1 18 Bailey Wart	myton
	n	1



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Harford MARYLAND	STATE Maryland COUNTY	Yarford
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give n	
OR givo nearest town) (in this place)	TOWN Havre de Grace	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR . O A A	ADDRESS 73 (5)	
3. NAME OF (Firet) (Middle) DECEASED	(Last) 4. DATE (Month) (I	Day) (Year)
(Type or Print) Havvu	Jobes DEATH 6	7 19 57
6. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 ye	ear If under 24 hrd.
'lule White (Specify) Married	9-12-71 79 yrs. Months Di	ays Hours Min.
10s. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR !	11. BIRTHPLACE (State or foreign country) 12. C	CITIZEN OF WHAT
done during most of working life, even it retired) INDUSTRY	Maryland Con	NTEY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
alten Joles	Caroline Yrae	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	IT. INFORMANT AND ADDRESS	/
(Yes, no, or unknown) YII yes, give war or dates of .	man and the second	es
unfrown service)	Mr. Donald 11. Jal	
18. MEDICAL CER		ATTRIBUAT D
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN INSET AND DEATH
8/ · · / ch	3.000	
Immediate cause (a)	un v	
	ment of the	
1/22 Antecedent cause(s) Diseases or conditions, If any, (b) Unusual	MANGEY MUNICIPALITY	
giving rise to the above cause		B AD AD 1 ; 000-0-0-00 00-00-00-00-0-0-0-0-0-0-0-
33d stating the underlying cause last	VIIINSAS	
(c) MUMI TI	MANN	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	2	0. AUTOPSY?
		Yes No M
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m, Work At work		
22. I hereby certify that I attended the deceased from 6-27	105/ to 6-27 105/ 12 17 10 1	ALC: SE
-10	- the V	
alive on 6-22 19.5 and that death occurred at	45 P.m. from the causes and on the date state	d shove
SIGNATURIO (Degree or title)		DATE SIGNED
(O. Variation)	Was VIII Notifell	. ~ ~
(XX ULW Y/// XX (XAA)	U NO DOYA VI MANIE	6-28-57
23. BURIAL CREMATION DATE THEREOF NAME OF COMETED	YOR OR MATORY LOCATION (City, fown, or county)	(State)
Burial (Specify) 6-30-51 (engel)	tell less Noused Gage	Tuil.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24-FUNERAL, DIRECTOR	ADDRESS /
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The d. V. Jewis M. D.	I aucon I wo cor "- How	Wall shall
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The same	43					

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

I. PLACE OF DEATH.		2. USUAL RESIDENCE (HO	ME) OF DEC	EASED.		
COUNTY HARFORD MA	RYLAND	STATE MARVIAN	d	COUNTY	HARF	TOPIO
OR give nearest town) TOWN HAURE OF CARCE 30	this place)	OR TOWN BEAR	limits, write R	URAL and giv	e nearest to	wn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL	Hosp.	STREET ADDRESS	(If rural, g	ive location)		
3. NAME OF (First) (Middle) , /	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print) NARUE/ Colbur	20	LEWIS	OF DEATH ~	Tune	17	1957
6. COLOR OR RACE 7. SINGLE, M. WIDOWED, (Specify). Specify.	ARRIED, DIVORCED,	SEPT. 8 1946	AGE last birth			der 24 hrs.
	BUSINESS OR	11. BIRTHPLACE (State or I	oreign country)	12.	CITIZEN O	F WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	-	Ke. ().)	7
JAMES RUMSEY		ROSA E. L.	EWIS			
15. WAS DECRASED EVER IN U.S. APRIED FORCES? 16. SOCIAL S	ECURITY No.	730-77	DDRESS	7		
(Yes, no, or unknown) (If yes, give war or dates of service)		Hospits	10-8	Rear	do	
18	. MEDICAL CE	RTIFICATION	+			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH				INTERVAL I	
		11/2			ONSET ANI	DEATH
Immediate cause (a)()	con	eru			56	lew
550 1 1-10-100	1	0		0.1	2	
Antecedent cause(s) Diseases or conditions, if any, (b)	den	ed ans	reno	cry		
giving rise to the above cause	P	1 / 1/1			48 00 00 00 101 000 avg a non	***************************************
/2 stating the underlying cause last (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION				20. AUTO	PSY?
					Yes 🖂	1
21. ACCIDENT (Specify) PLACE (Home, farm OF office bldg., etc. INJURY	, factory, street,	(CITY OR TO	WN)	(COUNTY)	(STAT	No Z
TIME (Month) (Day) (Year) (Hour) INJURY OCC OF While at N Work	URRED ot While	HOW DID INJURY OCCU	R?	6		
22. I hereby certify that I attended the deceased from	m June 1	5, 1951, to June 1	7., 19.5./., t	hat I last sa	w the dec	eased
alive on Tune 17,, 1951, and that death	annumed at .	15 p (1)				
SIGNATURE (Degree	o or title)	ADDRESS	luses and on	the date sta	DATE SI	GNED
Daniel D. Doles "	M.N.	Hame 1	6 4	aal	91	7/57
REMOVAL (Specify) June 20, 19151	Clark		CATION (City,	town, or county	100	mud
HATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	m. D	24. FONERAL DIRECTOR	1000	600	ADDRES	1
1	70.		The state of	100	ung	CO

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S. A. C. VIIINA DE ALEGELACE 226

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06029

Reg. Dist. No.

CITY (if outside corporate limits, write RURAL and CRATTE OF STAN OR give nearest town) of the state of the property of the pr	COUNTY Harford MARYLAND			STATE Wisconsin COUNTY				
Organical control of the state			AL and LENGTH OF STAY			RURAL and g	ve neares	t town)
ANAME OF DECEASED (Type or Print) STREET ADDRESS DEPOCH OF PROT NAME OF DECEASED (Type or Print) SEX 6. COLOR OR RACE (Month) SEX 6. COLOR OR RACE (MONTH) MATEL (MONTH) SEX 6. SEX 6. COLOR OR RACE (MONTH) MATEL (MONTH) SEX 7. SEX 6. COLOR OR RACE (MONTH) MATEL (MONTH) SEX 7. SEX 6. COLOR OR RACE (MONTH) MATEL (MONTH) SEX 7. SEX 6. COLOR OR RACE (MONTH) MATEL (MONTH) SEX 7. SEX 1.	Town Aberdeen 5 months			OR Wilmonkoo				
DECASED OF PRINT OF P	INSTITUTION OF	2151-1 US Army	r Hospital	I D D D D D D D D				V
DECASED PHILIP A. MATEL OPENTH June 2 1951		(First)	(Middle)	(Last)		(Month)	(Day)	(Year)
SEX 6. COLOR OR RACE X. SINGLE. X. S		PHILIP	Α.	MATEL		June	2	1951
INCLUDENT SOLICION (Sive kind of work) Specify SITE 18 Security No. Solicion S	6. SEX	6. COLOR OR RACE	7. SINGLE.	8. DATE OF BIRTH	9. AGE last hir	thday If under	l year	
SOLCIET 13. FATHER'S NAME Felix Matel 15. WAS DECAMED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wer or dates of the condition cause (a). IDISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a). PLACE Home, arm, factory, street,			(Specify) Single	21 June 1928	22	yrs. Months	Days	Hours Min.
13. FATHER'S NAME FELIX Matel 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. Unknown) 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. Unknown) 16. WAS DECRASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. Unknown) 17. INFORMANT AND ADDRESS Service Record 18. MEDICAL CERTIFICATION 19. Disease or conditions, if any, given stating the underlying cause last stating the underlying cause last stating the underlying cause last conditions contributing to the death but not related to the disease or condition causing death. The property of the death of the	done during most of w	ATION (Give kind of work rorking life, evon if retired)	INDUSTRY		foreign country) 1	2. CITIZE	IN OF WHAT
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, give aw or dates of Unknown) IR. MEDICAL CERTIFICATION II. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Ruyatured level Immediate cause (b) Ruyatured level Interval Between Onest and Onest and Death Immediate cause (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 25. Antecedent cause(s) Diseases or conditions, if any, gentless the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 26. AUTOPSY? Yes ID No Death No Diseases or condition causing death. 27. ACCIDENT (Specify) PLACE (Home, farm, factory, street, offs, other, street, other, s	13. FATHER'S NAM	E			NAME			
Compared to the property of								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.					
Inmediate cause (a) Ruptimed. Superior Death Immediate cause (b) Ruptimed. Superior Death Immediate cause (c) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (d) I. Other Significant Conditions, if one stating the underlying cause last (e) 11. Other Significant Conditions on the disease or condition causing death. And I show the disease or condition causing death. And I show the disease or condition causing death. In the short of operation 21. Accident (Specify) Place (Home, farm, factory, street, Significant In the Month) (Day) (Year) (Hour) INJURY OCCURRED HOMIGIDE And I show the short of the Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCURRED OF INJURY At work at work of the short of the disease of the short of the disease of the short of the s	Yes	service) Current	" Unknown	Service Recor	'd			
Immediate cause (a) Rupalitude Liver Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) OF office pldg., rec.) HOMICIDE (Specify) OF office pldg., rec.) HOMICIDE (Specify) PLACE (Home, farm, factory, street, successed in the street of the		1	18. MEDICAL CE	RTIFICATION			1	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yee No 21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME Month) (Specify) PLACE (Home, farm, factory, street, CITY OR TOWN) OF office bldg, etc.) TIME Month) (Day) (Year) (Hour) INJURY OF INJURY Mork At work 22. I hereby certify (hat attended the deceased from. (Degree or title) ADDRESS DATE SIGNED DATE SIGNED AND TOWN 19. , and that death occurred at	1. DISEASES OR CO							
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes D No D PLACE (Home, farm, factory, street, CITY OR TOWN) SUICIDE HOMICIDE TIME Month) (Day) (Year) (Hour) INJURY OCCURRED OF Office bldg, etc.) While at Not While INJURY OCCURRED While at Not While 22. I hereby certify that attended the deceased from. 19 and that death occurred at			Run tridal 1	(1101)			. 9/0	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yee No 21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME Month) (Specify) PLACE (Home, farm, factory, street, CITY OR TOWN) OF office bldg, etc.) TIME Month) (Day) (Year) (Hour) INJURY OF INJURY Mork At work 22. I hereby certify (hat attended the deceased from. (Degree or title) ADDRESS DATE SIGNED DATE SIGNED AND TOWN 19. , and that death occurred at	Immediate	e cause (a)	aguares. I	wa.	•••			****************
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY OF office bldg, etc.) 10	8255 Anteceder							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE OF Office bidgs, etc.) TIME Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of North Work At work of the diseased from Work At work of the diseased from 19. The property of that attended the deceased from 19. The property of that attended the deceased from 19. The property of that I last saw the deceased alive on 19. The property of the prope	elistina visa ti		•••••••••••••••••••••••••••••••••••••••	00 807 17 14 8414 9444 414 14 414 414 414 414 414 414		**********************		
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes IV No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, CITY OR TOWN) OF office bldg., etc.) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While Not Whi								
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes IV No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, CITY OR TOWN) OF office bldg., etc.) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While Not Whi		(e)					1	
20. AUTOPSY? Yes IV No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, off office bldg, etc.) OF office bldg	Conditions contribu	ting to the death but not se or condition causing deat		healt though ?	agitte	Sutua		
21. ACCIDENT SUICIDE SUICIDE OF office blogs, etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While at	19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION	Ü	C			UTOPSY?
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While Not While at Not Work 19 (Della Control of Not Work 19 (Della Con		17/00	relation					
22. I hereby certify that sattended the deceased from	SUICIDE	Resident INJU	omee bldg., etc.)//	MERY ERNUM	od tite	-11.7	-	57.5
22. I hereby certify that attended the deceased from 19 to 19 to 19 that I last saw the deceased alive on 19 and that death occurred at m., from the causes and on the date stated above. SIGNATURE: (Degree or title) ADDRESS DATE SIGNED	TIME (Month)	(Day) (Year) (Hour)		HOW DID INJURY OCC	CURS	0	. 1	1
22. I hereby certify that attended the deceased from, 19, to, 19, 19, that I last saw the deceased alive on, 19, and that death occurred at m., from the causes and on the date stated above. Signature: Address Addr		2 3 m.		(lellamo	elule.	acc	Lde	as X
SIGNATURE: (Degree or title) ADDRESS DATE SIGNED ADDRESS DATE SIGNED	22. I hereby certi				, 19,	that I last	saw the	deceased
SIGNATURE: (Degree or title) ADDRESS DATE SIGNED ADDRESS DATE SIGNED	alive on	19 an	d that death occurred at	m. from the	causes and o	n the date s	tated al	O VA
23 AURIAL CREMATION DATE THEREOF DAME OF CEMETERY OR CREMATORY II LOCATION (City, 1987) of country (Seate)	SIGNATURE	0 1.	(Degree or title)	ADDRESS	1 1 1	a the date is	DAT	E SIGNED
	23 BURIAL CREM	ATION DATE THEREO	OF NAME OF CEMETE	MY OR CREMATORY L	OCATION (Cit	PG. Mo	aty)	(State)
REMOVAL (Specify) June 4, 1951 Museu Turneral Chappet Milliams, 41,0	REMOVAL (Spec	Hy) Here 4	1951 Museu te		11.0	1	4	Lin
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 24. FUNERAL DIRECTOR M. Ormed Sou	DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE		3411 6		ADD	RESS
Abrigan Maruland The				Alaunda			1	1000

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BUREAU V. S.

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06030

leg. Dist. No. 182

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY OF COUNTY O
HARFORD MARYLAND	MIN TAKTOKA
CITY (If outside corporate limits, write RURAL and OR give nearest town FORAL HILL (in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
	TOWN FEDRAL HILL
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS STREET R. D.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) LAWSON GARFIELD	MOORE DEATH June 23 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, PIVORCED,	8. DATE OF BIRTH 9. AGE last birt day If under I year II under 24 hrs. Months Days Hours Min.
THE WILL (Specify) Widowed	(0-14-1880 7/ yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WEAT
LADOKE K	MADISON N.C. CONTENTS.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LOAAC. F. MOORE	HARKIE! HIPPS
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes, give war or dates of	17. INFORMANT AND ADDRESS
Yes Gervice Coast GUARD 218-10-1322	Tenares mora speci pra.
ARTIL 18. MEDICAL CEI	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) LOBAR PNEUMO	ONIA 4Da
Immediate cause (a)(a)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	ue Cardio Vascular diserse?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 🗹
21. ACCIDENT (Specify) PLACE (Home, larm, lactory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	11 1 1 1 1 1
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCURY
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from May S alive on June 23, 1951, and that death occurred at	1951, to June 23, 1951, that I had saw the deceased
SIGNATURI: (Degree or title)	ADDRESS DATE SIGNED
Ulllard V. Hudson, M.	Jours 1400 (123/5)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (Cay, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. (6 29 5 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24. FUNERAL DIRECTOR ADDRESS
The formation of the state of t	July 19 19 19 19 19 19 19 19 19 19 19 19 19
	The same of the sa

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

S. Alis

DECEIVED

JUL 1 1951

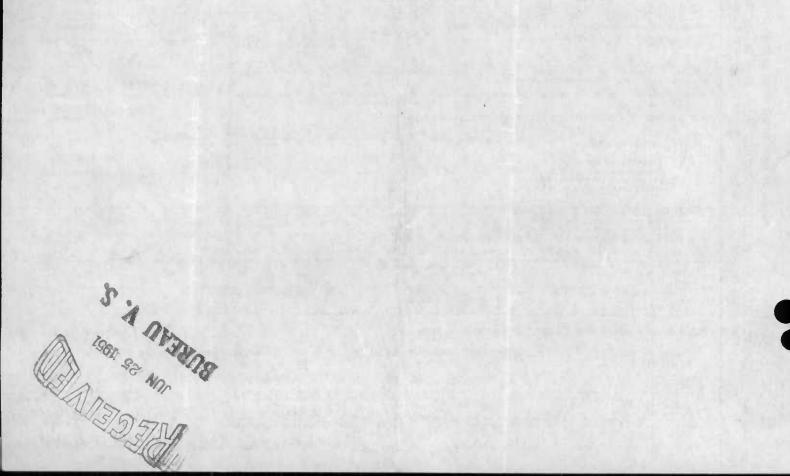
BUREAU V. &

2411 N. Charles Street, Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. N	Vo. / 6 (
1. PLACE OF DEATH. Har fore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Notan a Man 19
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give neglect town) TOWN (in this place)	CITY (II outside corporate limits, write RURAL and g	ive ocarest (wn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) Susau Valarie	Poole A. DATE (Month) OF DEATH CHILL	(Day) (Year) 9th 195/
Jerua (e Color OB RACE 7. SINGLE, MARRIED, WIDOWED, DIVORRED, (Specify) Warries	S. DATE OF BIRTH 9. AGE last birgiday If under Months	r 1 year If under 24 hrs B Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 13. FATHER'S NAME	II. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
P.S. Heckler	14. MOTHERS MAIDEN NAMES COTTO	ett:
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	David T. Poole - Cherch	wile red
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) adeno carcun	mg common bile duct	1420)
/55XAntecedent cause(s) Diseases or conditions, if any, (b)		
46 P giving rise to the above cause statiog the underlying cause last		on v =6 99 99 90 90 00 00 00 00 00 00 00 00 00
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	notei CV	1 840
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION DEC. 26 950 cdens running in	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	Yes No STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Fish	, 1950, to June, 195, that I last	saw the deceased
alive on fine 7 , 195/, and that death occurred at	ADDRESS m., from the causes and on the date s	tated above.
- 1. Calph Anky Wo	Churcholle Md-	June U
Killy (all) June 12.1951 Cherchurt		cleary law
DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE REG. 6 18 5) Relie H Rely	Lewy Carring & Lous	aber deen
		9

PEEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06032

eg. Dist. No. 182

I. PLACE OF DEATH, COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate ilmits, write RURAL and LENGTH OF STAY OR give nearest togs)	CITY (If outside orporate limits, write RURAL and give nearest town)
TOWN Commy Ame	STREET (If ru'al give io ation)
HOSPITAL OR / INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF DECEASED (First) P. (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) (Mary 14 931 Ey	DEATH June 23 1931
6. COLOR OR LACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 bre. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	Charle Interneting Belan RD My
18. MEDICAL CE	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (s) Arterioral	arole C.V. disease / year
1/22 /Antecedent cause(s)	
Diseases or conditions, if any, (b)	TO DESCRIPTION OF THE PROPERTY
93 diving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
	Yes No T
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an A	Autopsy , Inspection . Inquiry thereon and from the evidence used died on the dry stated above, and death in my opinion resulted
from: natural causes X , accident \square , suicide \square , homicide \square ,	undetermined [].
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
You del Cralmer MD Dohnou	Mdied to ammentary Co Bulkyi
23. BURIAL, CREMATION DATE THEREOF , - NAME OF CEMETE	RY OR CREMATORY LOGATION (City, town or county)
Burnel (Secily) Jan 26/5/ Starfons	lestone Belan RJ my
PATE REC'D BY LOCAL REGISTRAR'S MIGNATURE PRES. 1 25 151 . USCILLA TOWOOL	24. FUNERAL DIRECTOR Belan Mid

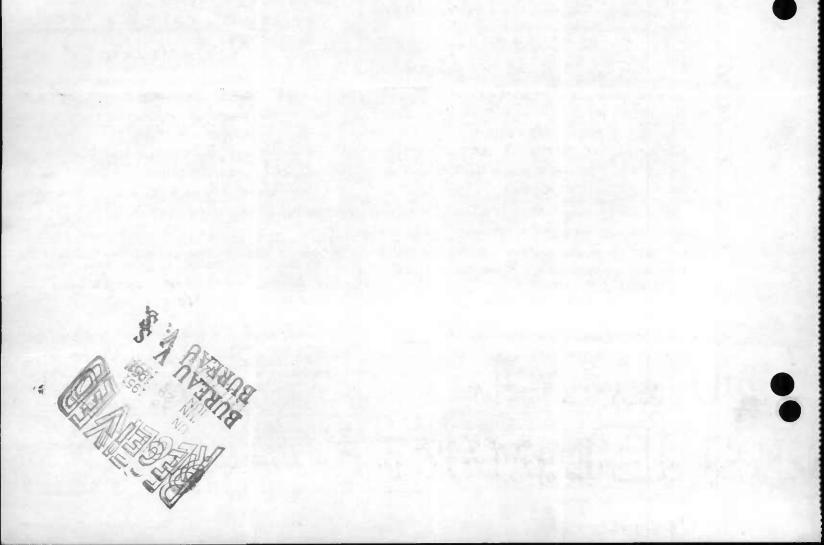
S . A DETURE SE NO.

DEATH & BIRTH CNO DEATH
ENT OF HEALTH
Reg. Dist. No. 82 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STILLBIRTH

	A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)					
1.	County C T C C C C C C C C C C C C C C C C C	2. USUAL RESIDENCE OF MOTHER: State Mary and County Larger City or town: Rux a 5 1 yeef (If outside city or town limits, write RURAL and give nearest town) Street No. My High Cand				
3.	Name of child UM Named.	4. Date of birth6 . 26 . 195 (Hour 6 4. M.				
5.	Sex. Male 6. Twin or triplet.	7. No. of weeks pregnancy 7 wks				
	FATHER OF CHILD	MOTHER OF CHILD				
8.	Full name Charles Presbury	12. Full maiden name Dorothy Rice				
9.	Color Col. 10. Age at time of this birth 2.4 yrs.	13. Color U 14. Age at time of this birth yrs.				
11.	Usual occupation	15. Usual occupation House work				
16.	Other children born to mother (not including present child)	: (a) How many children of this mother are now living?				
	(b) How many other children were born alive but are now dear	ad? (c) How many other children were born dead?				
	Did child die before labor? No. Pregnancy, complications of Pre waturf deliver	21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes Atelog (1988)				
19.	Labor: (a) Complications of AUVE (b) Induced?	(b) Maternal causes Nove				
20.	(a) Was there an operation for delivery? (Yes or No) (b) State all operations, if any (Yes or No)	22. I certify to the birth of this child who was born dead* on the date and hour above stated.				
	(c) Did child die before operation? Au During operation?	Signature Charles C. rest mo. (Specify if M. D., midwife, orbiter) Address Street, Md.				
23.	(a) 3 mula (b) Date thereof (27/5) Burial, cremation or removal)	25. (a) 6-27-57 (b) Provock (Registrar)				
	(c) Cemetery or crematory Amel of Faller	26. (To be filled out if no physician was present at delivery.)				
24.	(a) Funeral directof hadro (rustury ! father)	The above certificate has been examined by me.				
-	(b) Address	Health Officer, per				

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06033

Reg. Dist. No. / 8

I. PLACE OF DEATH.			2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY Harford MARYLAND			STATE Vermont COUNTY			
CITY (If outside corporate limits, write RURAL and OR give nearest town berdeen (In this place)			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burlington			
HOSPITAL OR 2151-1 US Army Hospital STREET ADDRESS Aberdeen Proving Ground			STREET (If rural, give location) ADDRESS 65 Central Avenue			
3. NAME OF	(First)	(Middie)	(Last)	4. DATE (Month)	(Day) (Year)	
(Type or Print)	RENE	J.	RICHER	OF June	2 19 51	
5. SEX	6. COLOR OR RACE	7. SINGLE, MOOFIE (NO)			der 1 year If under 24 hrs.	
Male	White	(Specify) Single	14 April 1926	25 yrs. Mont	be Days Hours Min.	
10a. USUAL OCCUPA	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRYUS Army	Vermont		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME		
Emile Riche	er		Unknown			
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES	17 16. SOCIAL SECURITY NO.	17. INFORMANT AND			
Yes	(If yes, give war or dates (leervice) Current		xxx Service H	Records		
		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH	
		O marrial Danie	A Bell 06	1. 1 1 orders		
Immediate	cause (a)	Departures floci	USWOF SKILLING	right complet	CK.	
825.5 Anteceden	onditions, if any.	with extense	buse of skell,	the have.		
giving rise to	the above cause nderlying cause last			in ang a training and the ang and training in aged training and the second and the second and the second and t		
II. OTHER SIGNIFI	(c)					
Conditions contribu	ting to the death but not	n. Rustine of.	0:110 1			
	e or condition causing deat	FINDINGS OF OPERATION	ALLANG AV		20. AUTOPSY!	
	710	ALPO IN TIME	-11			
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR T	OWN) (COUN'	Yes No C	
SUICIDE A	A SI SENT INJU	office bldg etc.	US 14. 40 -nea		trant will	
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OCC	UR?	MARIAMONI, MO.	
OF While at Not While				-18-		
22. I hereby certify that Fattended the deceased from 19, to 19, that I last saw the deceased						
alive op	19 an	d that death occurred at	m., from the	causes and on the date	stated above.	
SIGNATURE	()	(Degree or title)	ADDRESS		DATE SIGNED	
Klow) L. I	unch il	Ltmc 118	Samu Hoer	Jal, APG. Md	3 June 51	
23. BURIAL CREMA	ATION DATE THERE	1001 101	1	CATION (City, town, or co	ounty) 7 (State)	
DATE REC'D BY I	1 Kine 4	SIGNATURE	Three Struce /	surry on.	101.,	
REG.	COAL VARGISTRARS	DIGMATORE	Howard K.	Mc Conda + S	ADDRESS	
			aland	na mid	1.11	

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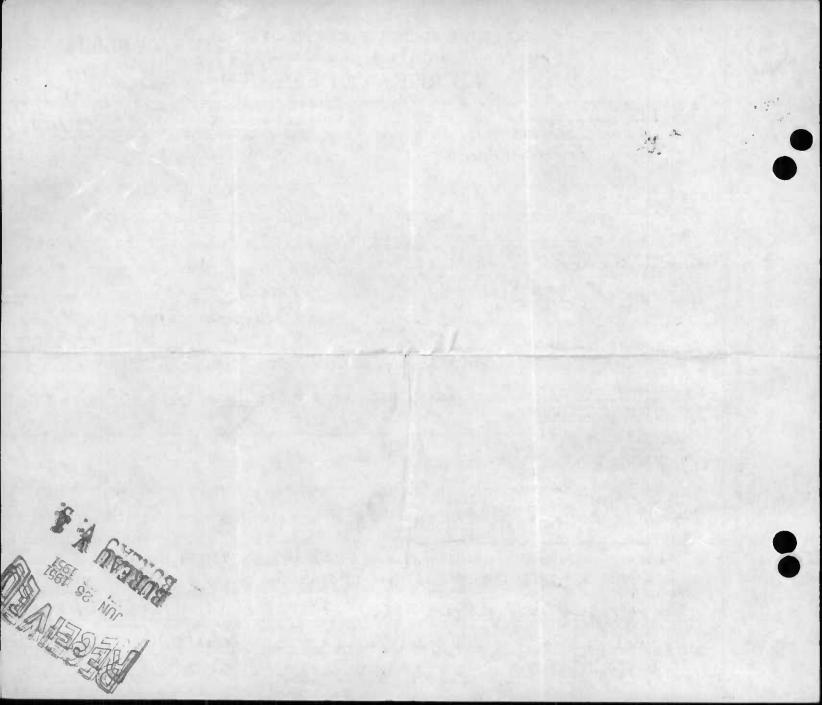
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06034

1. PLACE OF DEATH Hartord MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	Herter
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR givo nearest town) (in this place)	OR F. LUII O	1/1
HOSPITAL OR	STREET (If rural, give location)	MIT
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) JOHN	OBINSON DEATH June	22 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	l year If under 24 hrs
M WIDOWED, DIVORCED, (Specify) Marrial	Sept V 1865 85 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		CITTZEN OF WHAT
farmer Gwart of seme Ketired	Forust Hill MA	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Robinson	Margarut Barnes	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Mande GROBINSON FORESTHI	11 MJ
18. MEDICAL CER		, , , ,
	AN LURION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONBET AND DEATH
Immediate cause (a) LOBAR PNE	UMONIA, Terminating	48 620
1 Annieulate tause		
77. / Antecedent cause(s)	sed by Epitheliona of EAR	15 400
Diseases or conditions, if any, (b) giving rise to the above cause	and any quentum order of Entry	Lo yu.
53 stating the underlying cause last	0	
(c)		l
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 6
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	HOW DID INSULT GOODIE	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Nov. !-	10 CA to Kerry 27 10 Cl that I last or	because the deceased
	- ()	
alive on 1951, and that death occurred at	2'AaA.m., from the causes and on the date sta	ated above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson, m. I	Forest Hele ma	6 2251
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) June 24/51 Centre	Forest Hill Md	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 6/23/31 Vuseilla Touvord	Joseph Trostes Bellen M.	1



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06035 Reg. Dist. No. 180

I. PLACE OF DEATH-	2. USUAL RASIDENCE (HOME) OF DECEASED COUNTY	DAR
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (II, outside corporate) limits, write BURAL and giv	Toler Deach
OR giva nearest town) JOPP (in this place)	TOWN (1) 1st (Colum (15) and	nearest town)
HOSPITAL OR	STREET (If rural give oration)	
STREET ADDRESS / 11 EN 3 C LOIN 1000 N	1510 S. Olines	T -
3. NAME OF (First) (Middle) (Type or Print) / d a M	(Last) 7-0 M De 7-9 4. DATE (Month) OF DEATH June	(Day) (Year) 15 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under	I year If undar 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. B RCHPLACE (Stata or foreign country) 12.	CITIZEN OF WHAT
13/ FATAER'S NAME PARAMIA	William Mange	1/
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no. or unknown) (If yes, give war or dates of service)	17. INFORMANT F. M. C. Serial Co. 111 Pol. P.	1200
18. MEDICAL CE	RTIFICATION	wach the
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) # 1490 1 Te 1810	e CardiovascularDisease	lyest
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
91 EVERDMAX CANCELWAG		Yes No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) INJURY	(CITY OR TOWN) . (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decendant in the control of the said decendant in the said that said decendant in the said that said decendant in the said in	ased died on the dry stated above, and death in my	from the evidence opinion resulted DATE SIGNED
The property of the state of th	Cleudery West Cley, town, or county Cleudery West Cley, town, or county 124. FUNERAL DIRECTOR.	y) (State) ADDRESS
6 REG. 51 mane m monlogale	Herry Tarry Low	
	aberden Ti	A

BUREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
Hartora MARYLAND	Marylana Hartord
OR give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Haure de brace à doub	TOWN Harre de Grace - Maryland
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS Har ford Memorial Hosp.	ADDRESS Untario St. Ext.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type of Print) Bessie	Taylor DEATH 6 17 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs
Famale white Specify Married	Man 17/885 65 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11 SIRTHYLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY	Maryland Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAMES
Joseph Spencer	Hannal Courtme
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of	J. Howard Taylor (Husband) Same address
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONGET AND DEATH
Immediate cause (a)	I Almonteal
1/-	0
33 / XAntecedent cause(s) Diseases or conditions, if any, (b) hypert	esco
giving rise to the above cause	7.17 117 117 117 117 117 117 117 117 117
83 a stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	ma
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 an AVIII abrava
ISE. DATE OF OFERATION ISS. MAJOR FINDINGS OF OFERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	now bib injury occurs
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 6-15	- 10.5/ whe 17 10.5/ war 12
22. I hereby certify that I attended the deceased from	19.3 to the leceased
alive on	1.1.5. P
SKENATURE (Degree or title)	ADDRESS DATE SIGNED
	100 9- 10 /-17- 51
Caward Stranger Stranger To	me proforme and 6/1-01
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial / aune 1913 1000 min	n un IT wyou of ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR . ADDRESS
June 10,110/ U. T. Alivas N. D.	1. warry parringlor
	1 12 1

EASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06037

Reg. Dist. No. 185-

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Har ford MARYLAND	STATE Maryland COUNTY	Lecil
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN / 10 / 10 / 10 / 10 / 10 / 10 / 10 / 1	CITY (If outside corporate limits, write RURAL and give r OR TOWN CONUMY 7240	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp	STREET (If rural, give location)	
3. NAME OF (First) (Middle) DECEASED (Type or Print) FULVE // Clayforn	Taylor DEATH 6 &	(Day) (Year) 96 519/
6. GOLORFOR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday If under 1 y Months D yrs.	year If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work of the done during most of working life, even if retired) INDUSTRY INDUSTRY	Writed States of America co	CITIZEN OF WHAT
Everett Clayton Taylor	14. MOTHER'S MAIDEN NAME / 6015 Jean Mar Cayley	
15. Was Decrased Ever In U.S/Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS mother	
18. MEDICAL CE		NTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATS
Immediate cause (a)	Jacus C	
Antecedent cause(s) Diseases or conditions, if any, (b)	ludiles	1 months
giving rise to the above cause		
159 giving rise to the above cause stating the underlying cause last (c)		
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
istating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		20. AUTOPSY?
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes No
Stating the underlying cause last (c)	(CITY OR TOWN) (COUNTY)	
Stating the underlying cause last (c) (c)		Yes No
Stating the underlying cause last (c)	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 19.5.1, to 4.2.4, 19.5.4, that I last saw	Yes No (STATE)
Stating the underlying cause last (c)	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 19.5./, to	Yes No (STATE)
Stating the underlying cause last (c)	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.5./, to	y the deceased ed above. DATE SIGNED
Stating the underlying cause last (c)	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.5./, to	yes No (STATE) 7 the deceased ed above. DATE SIGNED (State)
Stating the underlying cause last	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.5./, to	y the deceased ed above. DATE SIGNED

RECEIVE

JUL 1 1951. 1%

BUREAU V.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

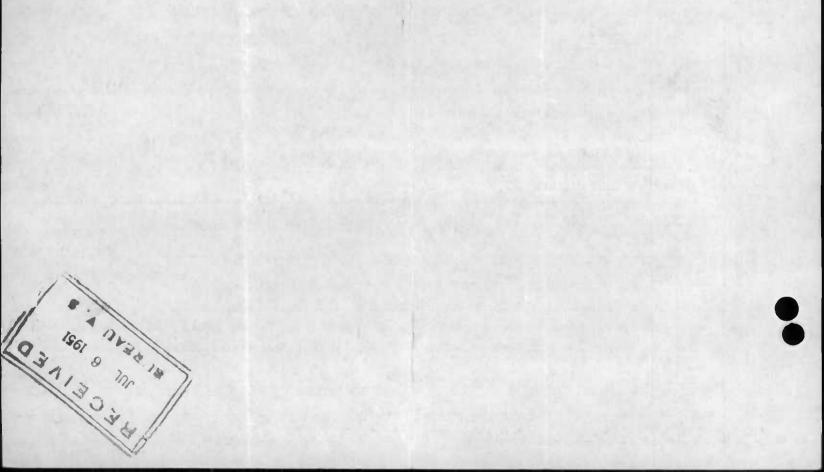
(160382 Reg. Dist. No. 182

COUNTY Hartor & MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	H
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give	e nearest town)
TOWN De Air Rural 30 News	TOWN (Su) Air Rura)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) JACOB Liva 3ey 6. SEX. 6. COLOR OR RACE 7. SINGLE MARRIED.	TERRY OF DEATH June	27 195/
6. SEX 6. COLOR OR RACE 7. SINGLE MARKED, WIDOWED, DIVORCED, (Specity)	S. DATE OF BIRTH 9. AGE last birth by If under I Months	Days If under 24 hrs. Hours Min.
10m. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHFLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY Ruhrad	Hartordeo	COUNTRY? U.S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph R Lerry	Edith Liveger	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs THerbert Hanna Bel Air	A/ \
18. MEDICAL CEI		711.4
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) CERE BRAL H	EMORRHAGE	9 de
422 / Antecedent cause(s)	7 - : 6 /	
Diseases or conditions, if any, (b) E/3 E/3 KA /+ K	IERIO-SCLEROSIS)
giving rise to the above cause		
well a much and	100 010000	>
II. OTHER SIGNIFICANT CONDITIONS	the states	
Conditions contributing to the death but not related to the disease or condition causing death.	ed Ordenia relocario	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street.	(CITY OR TOWN) (COUNTY)	Yea No
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from See #	1945 to June 22 195/ that I lost as	w the deserred
22. I hereby certify that I abbunded the deceased from	D.	tw the deceased
alive on	A. 30 P.m., from the causes and on the date sta	ited above.
SIGNATURA: (Degree or title)	ADDRESS	DATE SIGNED
11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tont II no min	6/2N/-1
unitary 1. Huckson, M.D.	Tours Hell 1100	9/28/51
	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
Burial (Specify) Juna30)51 Friendship	Failston (Rara)	Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
129/31 necella Touvord	Insept & Foster Bel air	med!
	5	01817

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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Borrect



2411 N. Charles Street, Baltimore

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and legibly

206051222 260

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

eg. Dist. No. /8

		ODJETH TOZET	DOI DENTI	. A Reg.	. Dist. No
I. PLACE OF DEAT	risal	MARYLAND	2. USUAL RESIDENCE (STATE MANY		COUNTY
OR give neares	corporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	TOWN Edg		AL and give nearest town)
HOSPITAL OR INSTITUTION C STREET ADDR		APF. Md	STREET ADDRESS Blog	(If rural, give)	4 Jacof Sheet
3. NAME OF DECEASED (Type or Print)	DIANA	(Middle)	Vaughn	OF DEATH	Ionth) (Day) (Year)
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) 2/2/2	5. DATE OF BIRTH	9. AGE last hirthday yrs.	If under I year If under 24 hr Hours Min.
	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OF INDUSTRY	Mary an		12. CITIZEN OF WEAT COUNTRY?
13. FATHER'S NAI	rd Vaughn		14. MOTHER'S MAIDEN	INAME GA	odman
15. WAS DECRASED I	EVER IN U.S. ARMED FORCES (If yes, give war or dates (service)	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	Aman
I. DISEASES OR C	conditions directly	18. MEDICAL CE	RESPICATION LISS: Hy		INTERVAL BETWEEN ONSET AND DEATH
Diseases or giving rise	ent cause(s) conditions, if any, to the above cause underlying cause last (c)				
Conditions contrib	FICANT CONDITIONS nutling to the death but not ease or condition causing deat				
19a. DATE OF OP	ERATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work □ At work □	HOW DID INJURY OF	CUR?	
	MATION DATE THERE		^	e causes and on th	e date stated above. DATE SIGNED
DATE REC'D BY REG.	6 10/0/0	SIGNATURE .	24. FUNERAL DIRECT	or Onl	ADDRESS

BUREAU V. S.

ISSI EI NOC

BECEINED

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06040

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) Note to the control of	CITY (If outside carporate limits, write by DAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH (See 15 195
5. SEX S. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, everylf retired) Lydustry Reference Reference for the street for	11. MRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS, May Robert Country Country Country Country of the Well my
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) Carcinoma	Prostate sland =
giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS	il aldement & pulme
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	X X X X X X X X X X X X X X X X X X X
	20. AUTOPSY? Yes \(\sum \) No \(\sum \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from any	19.50, to June 15, 19.57, that I last saw the deceased
alive on 19.3., and that death occurred at SIGNATURE (Degree or title)	ADDRESS ADDRESS LINGUIST COMMENT OF THE SIGNED ADDRESS LINGUIST COMMENT OF THE SIGNED
DEMOVAL (Specity) June 17, 1954 That	ERYOR CREMATORY LOCATION (City, town, or county) (State)
DATE REO'D BY LOCAL REGISTRAR'S SIGNATURE PROPERTY OF THE PROP	24. FUNERAL DIRECTOR ADDRESS Found Sine Pa
	240506



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LEASE

MARYLAND STATE DEPARTMENT OF HEALTH

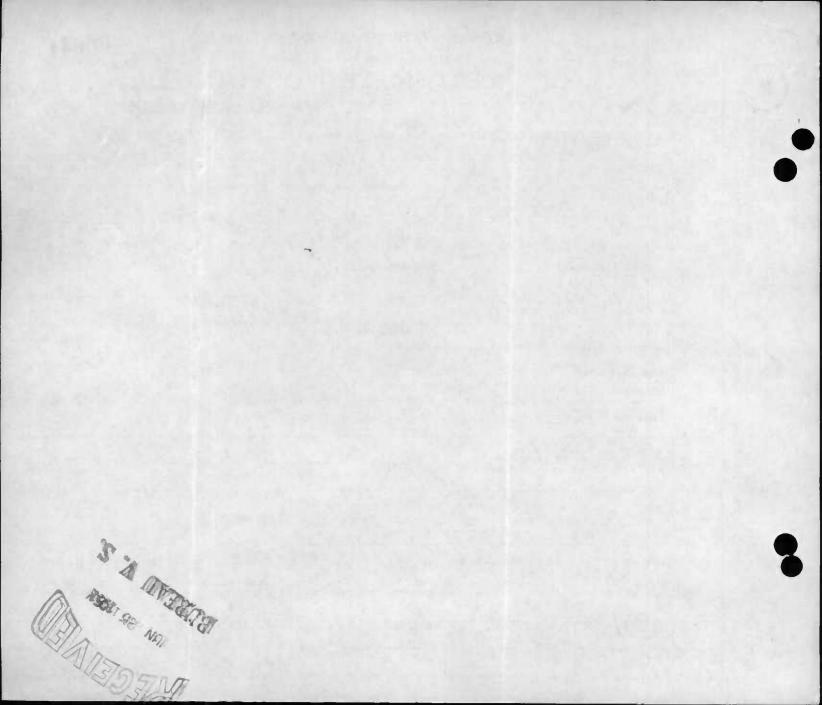
2411 N. Charles Street, Baltimore

06041

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	2/- / 1
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	- Maryland	Harfiel
OR give nearest town) Peruman M (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Have de Arace	marent town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS (1/8 Concord It	reet
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) John 24.	Helsh DEATH 6	19 1951
6. SEX 8. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) yillaned	8. DATE OF BIRTH 9. AGE lest birthday If under 1 Mars. 29, 1866 85 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Groekied of work done during most of working life, even if retired) 10b. Kind of Business of Industry Tunkerman		COUNTRY? U. S.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Garrett Welsh	Harriett ?	
15. Was Decrasen Ever In U.S. Armen Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	0 /
(service)	Mrs. Halle Christy, Perrym	aw, md.
18. MEDICAL CE	RITIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a)erebal Imomb	losis	2+hrs.
OAntecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	That disease	154rs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the desth but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not Wbile Work At work	HOW DID INJURY OCCUR?	
	ra Ilia ri	
22. I hereby certify that I attended the deceased from	, 1930, to 6/19, 1921, that I last se	w the deceased
alive on 6/19 1951, and that death occurred at 1951 (Degree or title)	ADDRESS from the causes and on the date sta	ated above. DATE SIGNED
Leoger Standary M. D. 56	9 Levolution St. Have de Grace, mil	6/21/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER BEMOVAL (Specify) 6/23/31 Union Met	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24, FUNERAL DIRECTOR	ADDRESS
	Cemer Civilon . Havre de	drace, ma
		9/0/26



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	UNTY
MARYLAND	Maryland	u.l.
CITY (If outside corporata limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this placa)	CITY (If outsida corporate limits, write RURAL a	nd give nearest town)
HOSPITAL OR HANDEN MEMORY VICTA LA	STREET ADDRESS Af rural, giva locati	on)
STREET ADDRESS Tayera remain forgeter	Inknown	
3. NAME OF (First) (Middla) DECEASED (Typa or Print) 6 0 W W W S 2 2 W	(Last) (Last) 4. DATE (Month) 1. It was to N DEATH Jun	22/ 81
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	DEATH 47	under I year If undar 24 hrs.
WIDOWED, DIVORCED, (Specify)	4/5/1905 46 yrs. My	onths Days Hours Min.
dona during most of working life, even if retired) 10b. Kind of Business of Industry	II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY 2
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
unknown	lucknown	
I5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes, give war or dates of 2/5-/2-/05	17. INFORMANT W. Whitlington	Canadia m
18. MEDICAL CE		mmapa va vive
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Fracture	a hall	9/
810 Immediate cause (a) Traction		Luous
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to tha death but not related to tha disease or condition causing death.	L. femm	2hu
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 1
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office hidg., etc.) CAUSE OF DEATH.	()(MTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	4 . +
INJURY m. work at work	auto acci anto Pede	duan lype
22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said dece	eased died on the day stated above, and death in	and from the evidence my opinion resulted
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	andetermined [].	DATE SIGNED
Levely E almer My Deputy Nedlice	Examiner Herfred Co. 200	tirte 6/22/51
REMOVAL (Opecity) DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY TOCKTION (City, toyof)	county) (Stata)
DATE REC'D BY LOCAL REGISTRARY SIGNATURE	2. FUNERAL DIRECTOR 1	ADDRESS
Jul 24-1957 U. Z. Lewis M. D	Themmy we did - 14	and and answer
	0	150

BUREAU V. S.

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BECEINED